



County Women's Network Membership/Renewal Application

Date: _____ Employee #: _____ Phone: _____ Mail Code: _____
Name: _____ Title: _____
Department: _____ E-Mail Address: _____
Occupational Unit: _____ Region: ☐ Central ☐ West End ☐ Desert
Mailing Address (for those without e-mail): _____

☐ **New Membership** or ☐ **Renewal** (Due annually by July 1 - Delinquent after September 30.)

TYPE OF MEMBERSHIP: ☐ **Regular (Voting)** County Board-Governed employees, SANBAG, LAFCO, SB County Schools, & the Superior Court of California-County of San Bernardino
☐ **Associate (Non-Voting)** All others supporting CWN's objectives: City employees, private industry, retirees, students, etc.

DUES: Based on annual income. (Check 1 Year or 2 Year option **and** annual income range.)

☐ 1 Year ☐ \$55 (\$50K +) ☐ \$45 (\$40-49,999K) ☐ \$35 (\$30-39,999K) ☐ \$25 (\$29,999K or less)

☐ 2 Year* ☐ \$105 (\$50K +) ☐ \$85 (\$40-49,999K) ☐ \$65 (\$30-39,999K) ☐ \$45 (\$29,999K or less)

Members joining between January 1 and April 30 shall be assessed one-half the annual dues.

**The 2 Year option is only available to those joining or renewing prior to September 30.*

I am interested in serving on the following committee(s): _____
(Scholarship, Programs, Special Projects, Bylaws, Membership, Nomination/Elections, Newsletter)

NEW Members: How did you hear about CWN? (Please check one):

☐ New Employee Orientation ☐ Dept Bulletin Board ☐ Referred by: _____
☐ CWN Website ☐ Other: _____

DISTRIBUTION: Keep a copy of this application for your records

Send original application with payment to: 0029-DCS / CAAHL, **Kimberly Brown** (interoffice) or mail to Kimberly Brown at Department of Children Services / CAAHL, 412 W. Hospitality Lane, 1st Floor, San Bernardino, CA 92415-0029

REIMBURSEMENT OF DUES:

After you receive your CWN receipt of payment, complete an Education Assistance Proposal (EAP). Attach the original payment receipt and a copy of this application to the EAP. Submit paperwork to your Department for approval. Forward to the Auditor/Controller-Accounts Payable. Once approved, you will receive a check from the Auditor/Controller.

FOR CWN USE ONLY

Membership: Date Received: _____ Computer: _____ Receipt Issue: _____
Finance: Date Received: _____ Check/Receipt: _____

For more information, visit our website at <http://countyline/countywomensnetwork> (Intranet)
<http://www/cwn> (Internet) or call **Kimberly Brown, (909) 891-3683**